



## PART B - FEE(S) TRANSMITTAL

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36814      7590      01/25/2006

**NASTECH PHARMACEUTICAL COMPANY INC  
3450 MONTE VILLA PARKWAY  
BOTHELL, WA 98021-8906**

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**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<i>Janice L. Goebel</i>	(Depositor's name)
<i>Janice L. Goebel</i>	(Signature)
<i>4/25/06</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/810,020	03/26/2004	Henry C. Lin	04-11US	7744

**TITLE OF INVENTION: METHODS FOR MANIPULATING UPPER GASTROINTESTINAL TRANSIT, BLOOD FLOW, AND SATIETY, AND FOR TREATING VISCERAL HYPERALGESIA**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/25/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SWARTZ, RODNEY P	1645	424-009200

- |   |   |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).<br><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).<br><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <i>1 Peter J. Knudsen</i><br><i>2 Seth D. Levy</i><br><i>3</i>  |   |

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

Cedars-Sinai Medical Center  
Burns and Allen Research Center

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Los Angeles, CA, US

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

**4b. Payment of Fee(s):**

- A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502769. (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date April 25, 2006

Typed or printed name

Peter J. Knudsen

Registration No. 40,682

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial Number: 10/810,020 Confirmation Number: 7744

Title: METHODS FOR MANIPULATING UPPER GASTROINTESTINAL TRANSIT,  
BLOOD FLOW, AND SATIETY, AND FOR TREATING VISCERAL HYPERALGESIA

Attorney Docket Number: 04-11US, 0189

**ISSUE FEE TRANSMITTAL LETTER**

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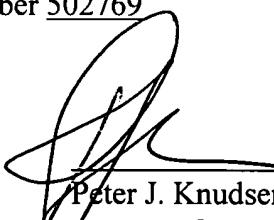
Dear Sir:

Enclosed are the following:

1. X Issue Fee Transmittal (PTOL-85).
2. X The Director is hereby authorized to charge the authorized fees of \$1,700, or credit overpayment, to Deposit Account Number 502769

April 25, 2006

Date



Peter J. Knudsen Esq.  
Attorney for Applicants  
Reg. No. 40,682

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I hereby certify that this is being faxed (2 sheets) to (571) 273-2885, and is being deposited with the U.S. Postal Service first class mail on the date indicated below and is addressed to:

Mail Stop Issue Fee, Commissioner for Patents  
Box 1450, Alexandria, VA 22313-1450  
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Date of Deposit: April 25, 2006